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PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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27384 7590 06/15/2005

NORRIS, MC LAUGHLIN & MARCUS, PA
875 THIRD STREET
18TH FLOOR
NEW YORK, NY 10022

09/01/2005 TBESHAH2 00000002 141263 09966137

01 FC:1501 1400.00 DA
02 FC:1504 300.00 DA
03 FC:8001 APPLICATION NO. DA

FILING DATE

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

09/966,137

09/28/2001

Thomas Krahn

BAYER 10,139.4-KGB

5449

TITLE OF INVENTION: MASKING BACKGROUND FLUORESCENCE AND LUMINESCENCE IN OPTICAL ANALYSIS OF BIOMEDICAL ASSAYS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/15/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS	
DO, PENSEE T		1641		436-164000	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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NORRIS MC LAUGHLIN & MARCUS P.A.

2. _____
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

BAYER HEALTHCARE AG

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Leverkusen, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Date 8/31/05

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KURT G. BRISCOE

Registration No. 33,141

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